

**Instructions for Completing Form SLB-4**  
**“Annual Combined Affidavit by Surplus Lines Broker”**

General

**Who must file:**

All licensed surplus lines brokers **must** file this form **even if no business was procured during the calendar year**. Also, any broker that held a license for a portion of the calendar year must file this form.

**When to file:**

This form should be filed on or before March 1 of each year.

Detailed Instructions

The following instructions correspond to the numbered blanks on the sample Form SLB-4 that follows this section:

1. Report the State in which the SLB-4 was executed.
2. Report the city or county in which the SLB-4 was executed.
3. Report the name of the surplus lines broker (if the license is held by an individual) or the authorized individual (if the surplus lines license is held by corporation or partnership). Note that the authorized individual executing this form must appear on the agency's license addendum issued by the Bureau of Insurance.
4. Report the license number of either the surplus lines broker (if an individual) or the authorized individual. The license number for the authorized individual is the authorized individual Virginia property and casualty license number.
5. Only complete this space if the report is for a corporation or partnership. Use the corporate/partnership name as it appears on the Surplus Lines License.
6. Only complete this space if the report is for a corporation or partnership. Use the license number reflected on the Virginia surplus lines license.
7. Report the calendar year that the SLB-4 covers.
8. Report the taxable gross premiums written by the broker during the quarter. This figure should agree with the sum of Form SLB-6 (Parts 1, 2, & 3). This figure should also agree with line 4 of Form SLB-8 .
9. Compute the premium tax liability for the year. This number should agree with Line 5 of Form SLB-8.
10. The broker should sign on this line if an individual. If the broker is a corporation or partnership, the name should be printed on this line.

11. The authorized individual listed in (5) should sign on this line.

12. This form must be notarized.

**Note that if an amendment is made to Form SLB-6, an amended form SLB-4 should be submitted.**

VIRGINIA FORM SLB-4

ANNUAL COMBINED AFFIDAVIT BY SURPLUS LINES BROKER  
Re:  
INSURANCE ON VIRGINIA RISK PLACED WITH AN UNLICENSED INSURER

STATE OF 1, CITY/COUNTY OF 2:

I, 3, 4, being duly sworn, affirm:  
(Authorized Individual) (Ind. P&C License No.)

1. THAT I, 5, 6 a duly licensed Surplus Lines  
(Surplus Lines Broker) (Broker License No.)

Broker authorized under Chapter 48 (§ 38.2-4800 et seq.) of Title 38.2 of the Code of Virginia, was engaged by the insureds named on the attached quarterly report or Property and Casualty Agents duly licensed in this Commonwealth acting in behalf of the insureds named on the attached annual report to obtain insurance against certain risks during the calendar year ending 7.

2. THAT I, if the transaction involves insurance primarily for personal, family, or household needs rather than business or professional needs, have complied with the provisions of Chapter 6 (§ 38.2-600 et seq.) Title 38.2 of the Code of Virginia and subsection C of 14 VAC 5-350-90 by giving the prospective insured the required adverse underwriting decision notice, copies of which have previously been submitted with quarterly reports or are attached to the annual report.

3. THAT each of the insureds named on the attached annual report have been given the notice required by subsection B of § 38.2-4806 of the Code of Virginia and 14 VAC 5-350-120.

4. THAT I, have complied with the diligent effort requirements of § 38.2-4806 of the Code of Virginia for each policy listed on the attached annual report by:

A. Obtaining a signed waiver of a diligent search from commercial insureds listed on the attached annual report and a copy of the signed waiver (Form SLB-10) was previously submitted with quarterly reports or are attached to the annual report; or

B. In the instance of business that is referred from a licensed property and casualty insurance agent and listed on the attached annual report, such business was rejected or declined by at least three insurers licensed to transact such class of insurance, or

C. In the instance of business that was originated by me and listed on the attached annual report, such business was rejected or declined by three unaffiliated insurers licensed to transact such class of insurance.

5. THAT the gross premiums written during the calendar year ending 7 are \$ 8 and the amount of the tax (2.25%) applicable thereto is \$ 9.

6. THAT the insurance described herein has been effected with the unlicensed insurers named herein.

10  
Surplus Lines Broker

By 11  
(Authorized individual if licensee  
is a Corporation or Partnership)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_.

12  
Notary Public

My Commission expires \_\_\_\_\_.

# Instructions for Completing Form SLB-6 “Surplus Lines Annual Report”

## General

### **Who must file:**

**All** surplus lines brokers that held a license during all or a portion of the calendar year covered by the report. Note that this report **must be filed even if there are no transactions to report**. All parts (1, 2, 3, & 4) of Form SLB-6 must be submitted.

### **When to file:**

This form should be filed on or before March 1 of each year.

### **What to report:**

Report policies that were procured during the calendar year and all additional and return premiums that were effective during the calendar year.

### **Alternative Filing:**

Instead of filing Form SLB-6, a broker may file the Annual Certification or copies of Form SLB-5 that were submitted during the year.

## Detailed Instructions

The following instructions correspond to the numbered blanks on the sample Form SLB-6 that follows this section:

1. Report the year that the SLB-6 covers.
2. Print the broker's name.
3. Report the broker's license number.
4. Report the policy number for the policy being reported.
5. Report the name of the insured.
6. Report the procurement date of the policy in the following format: MM/DD/YY
7. Report the policy effective date in the following format: MM/DD/YY
8. Report the policy ending date in the following format: MM/DD/YY
9. Report the gross premium including policy fees. **Do not show policy fees separate from the gross premiums. Do not include the surplus lines tax in the gross premium.**

10. Report **one** of the following procurement codes for each policy listed on part 1. Do not write the code description and report only one code for each policy listed.

R = Referred from a licensed property & casualty agent.

D = Broker direct business.

C = Commercial Insured.

11. Report the name of the referring licensed property and casualty agent if the procurement type code is R. If the procurement type code is D or C do not complete this blank.

12. Report the license number of the referring property and casualty agent. Do not use hyphens in this number.

13. Report the name of the unlicensed company as it appears on the list of approved surplus line carriers produced by the Bureau. **If a policy is written by multiple carriers, fully complete a separate line on the report for each carrier.**

14. Report the unlicensed company's SL number in the following format: SL####.

15. Report one of the following class of insurance codes that best fits the policy being reported.

ALH - Aircraft Liability

GEN - General Liability

XSA - Excess Auto

APD - Auto Physical Damage

ILM - Inland Marine

XSG - Excess General Liability

CRI - Crime

MED - Medical Malpractice

OTH - Other

FIR - Fire & Miscellaneous

PLI - Professional Liability

16. Report the aggregate amount of coverage for the policy being reported. **Note that this is not the premium for the policy.**

Additional Premiums - SLB-6, Part 2

17. For additional premiums or policies previously reported indicate whether the additional premium is due to endorsement, installment or audit using the following codes:

E = endorsement

I = installment

A = audit

Place only one code in a blank. **Do not write the words installment, endorsement or audit in the blank.**

18. Report the effective date of the additional premium in the following format: MM/DD/YY

19. Report the amount of the additional premium.

Return Premiums - SLB-6, Part 3

20. For return premiums on policies previously reported, indicate whether the return premium is due to endorsement, audit or cancellation using the following codes:

E = endorsement

A = audit

C = cancellation

21. Report the effective date of the return premium in the following format: MM/DD/YY

22. Report the amount of the return premium.

23. This form must be notarized

**Note that if an amendment is made to Form SLB-6, file an amended form SLB-4 and Form SLB-8.**

VIRGINIA FORM SLB-6

SURPLUS LINES ANNUAL REPORT

Year Ending 1

Broker's Name: **2** \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

License Number: **3** \_\_\_\_\_

Policy Number	Name of Insured	Date Policy Procured	Policy Eff. Date	Policy End Date	Gross Premium	Procurement Type(R,D,C)	Referring P&C Agent	Referring Agent Lic. #	Unlicensed Company	SL#	Class of Insurance Code	Amount of Insurance
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>

Part 1 Summary	Page Total	Total Including This Page
Total Gross Premium	\$	\$
Total # of Policies		

ADDITIONAL PREMIUMS (by Endorsement, Installment & Audits) - SURPLUS LINES POLICIES

For Year Ending   1  

Broker's Name: **2** \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

License Number: **3** \_\_\_\_\_

(Show ADDITIONAL premiums resulting from endorsement, installment, or audit of POLICIES PREVIOUSLY REPORTED for tax purposes.)

Policy Number	Name of Insured	Effective Date of Policy	Unlicensed Company	SL #	Endorsement (E), Installment (I), Or Audit (A)?	Effective Date of Additional Premium	Additional Premium
<b>4</b>	<b>5</b>	<b>7</b>	<b>13</b>	<b>14</b>	<b>17</b>	<b>18</b>	<b>19</b>

Part 2 Summary	Page Total	Total Including This Page
Total Gross Premium	\$	\$
Total # of Policies		



RETURN PREMIUMS (by Endorsement, Audits, Cancellations) - SURPLUS LINES POLICIES  
For Year Ending \_\_\_\_ **1** \_\_\_\_

Broker's Name: **2** \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

License Number: **3** \_\_\_\_\_

(Show RETURN premiums resulting from endorsement to, or audit, or cancellation of POLICIES PREVIOUSLY REPORTED for tax purposes.)

Policy Number	Name of Insured	Effective Date of Policy	Unlicensed Company	SL #	Endorsement (E), Audit (A) Or Cancellation (C)?	Effective Date of Return Premium	Return Premium
<b>4</b>	<b>5</b>	<b>7</b>	<b>13</b>	<b>14</b>	<b>20</b>	<b>21</b>	<b>22</b>

Part 3 Summary	Page Total	Total Including This Page
Total Gross Premium	\$	\$
Total # of Policies		

STATE OF VIRGINIA )  
County (City) of \_\_\_\_\_ ) To-Wit:

This day \_\_\_\_\_, **23** \_\_\_\_\_  
(Name) (Title)

of \_\_\_\_\_ personally appeared before me in  
the County (City) aforesaid, and verified that the foregoing report is correct.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission expires \_\_\_\_\_.

**Instructions for Completing Form SLB-8**  
**“Annual Gross Premiums Tax Report”**

General

Who must file:

All Surplus Lines Brokers who held a license for all or a portion of the calendar year covered by the report.

When to file:

Form SLB-8 should be filed on or before March 1. **Failure to file on or before March 1 will subject the broker to a \$50/day late form filing penalty, a 10% late tax or assessment payment penalty for any amounts due with the report, and interest from March 1 until the date of payment.**

Detailed Instructions

The following instructions correspond to the numbered blanks on the sample Form SLB-8 that follows this section:

1. Report the year that the report covers.
2. Report the year in which the report is due.
3. Report the name of the surplus lines broker as it appears on the Virginia surplus lines license.
4. Report the broker's license number. Do not include hyphens.
5. Report the address of the broker.
6. This figure should agree with the total premiums reported on Form SLB-6, Part 1. However, copies of previously filed Form SLB-5, Part 1 can be submitted in lieu of Form SLB-6, Part 1.
7. This figure should agree with the total additional premiums reported on Form SLB-6, Part 2. However, copies of previously filed Form SLB-5, Part 2 can be submitted in lieu of Form SLB-6, Part 2.
8. This figure should agree with the total return premiums reported on Form SLB-6, Part 3. However, copies of previously filed Form SLB-5, Part 3 can be submitted in lieu of Form SLB-6, Part 3.
9. This figure equals the sum of lines 1 and 2, less line 3.
10. Multiply line 4 by 2.25% and report the result on this line.
11. Report the amount of quarterly tax payments made during the year.

12. This figure equals line 5 less line 6 and is the tax amount due from the broker. Staple a check made payable to the Treasurer of Virginia for this amount to the report.
13. If line 5 is less than line 6, report the difference on this line. This is the amount premium tax refund due the broker.
- 14. Multiply line 4 by the assessment rate in effect for the year. If the result is less than \$300 report \$300 on this line. If the result is greater than \$300 report the calculated amount. The Bureau of Insurance will provide this rate to brokers in December of each year. If a broker ceases to be a broker in any assessable year (Jan. 1 – Dec. 31), the broker shall remain liable for the payment of the assessment measured by direct gross premium income for the period in which he operated as a broker and received or derived direct gross premium income from business in this Commonwealth.**
15. Report the sum of lines 7 and 9 on this line and attach a check made payable to the Treasurer of Virginia to the report. **If a premium tax refund is due, do not reduce the amount of assessment due on line 9 by the amount of the premium tax refund.**
16. Report the date the report was signed in the following format: MM/DD/YY.
17. The broker or authorized individual should sign on this line.
18. Print the name of the authorized individual.
19. Print the title of the authorized individual.
20. This form should be notarized.

**Note that if Form SLB-6 was amended, an amended Form SLB-8 may need to be filed.**

VIRGINIA FORM SLB-8

COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE  
SURPLUS LINES BROKER'S  
ANNUAL GROSS PREMIUMS TAX REPORT

Year ended December 31, 1. (Due March 1, 2)

**3** \_\_\_\_\_ **4** \_\_\_\_\_  
(Surplus Lines Broker) (License Number)  
**5** \_\_\_\_\_  
(Address)

TO: STATE CORPORATION COMMISSION, BUREAU OF INSURANCE, Richmond, Virginia

In compliance with §§ 38.2-4807 and 38.2-4809 of the Code of Virginia, following is a report of ALL GROSS PREMIUMS, ASSESSMENTS, DUES AND FEES charged on contracts of insurance effected in unlicensed insurers on Virginia risks by the undersigned. This report also includes details of all additional and return premiums on such business.

1. GROSS PREMIUMS (SLB-6, Part 1, attached, or copies of previously filed quarterly reports (Form SLB-5) attached) **6** \$ \_\_\_\_\_
2. ADDITIONAL PREMIUMS (See Form SLB-6, Part 2, attached) **7** \$ \_\_\_\_\_
3. Less: RETURN PREMIUMS (See Form SLB-6, Part 3, attached) **8** \$ \_\_\_\_\_
4. BALANCE (Taxable Premium Income) **9** \$ \_\_\_\_\_
5. Premium Tax (2.25% of BALANCE, Line 4) **10** \$ \_\_\_\_\_
6. Less: QUARTERLY AMOUNT(S) PREVIOUSLY PAID (if any) **11** \$ \_\_\_\_\_
7. TAX AMOUNT DUE (Line 5 - Line 6) **12** \$ \_\_\_\_\_
8. TAX AMOUNT (OVERPAID) (If Line 5 - Line 6 is negative) **13** \$ \_\_\_\_\_
9. Assessment for Maintenance of Bureau of Insurance (based upon Taxable Premium (Line 4) at \_\_\_\_\_% (subject to a minimum of \$300) **14** \$ \_\_\_\_\_
10. BALANCE DUE (lines 7 & 9) AND CHECK MADE PAYABLE TO THE TREASURER OF VIRGINIA ATTACHED (Note: Do not reduce the assessment amount due on Line 9 by any tax overpayment shown on Line 8) **15** \$ \_\_\_\_\_

**16** \_\_\_\_\_ **17** \_\_\_\_\_  
Date By: **18** \_\_\_\_\_  
**19** \_\_\_\_\_  
Title

STATE OF \_\_\_\_\_ )  
County (City) of \_\_\_\_\_ ) To-Wit:

This day \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title)  
of \_\_\_\_\_ personally appeared before me in  
the County (City) aforesaid, and verified that the foregoing report is correct.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_.

**20** \_\_\_\_\_  
(Notary Public)

My Commission expires \_\_\_\_\_.